

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90047 045 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N00000005297**

1. Entity Name

**THE INTERNATIONAL ACADEMY OF CULTURAL-FREE COUNSELING AND PSYCHOTHERAPY, INC.**

Principal Place of Business

Mailing Address

**8060 WICLIF CT  
 JACKSONVILLE FL 32244**

**8060 WICLIF CT  
 JACKSONVILLE FL 32244**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3676275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, WILLIAM "PIKE"  
 8060 WICLIF CT  
 JACKSONVILLE FL 32244**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
 NAME **D JONES, SANDRA O**  
 STREET ADDRESS **8060 WICLIF CT.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D WARREN, SAMUEL**  
 STREET ADDRESS **2169 W 14TH ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D HOLLAND, KEVIN**  
 STREET ADDRESS **P. O. BOX 382016**  
 CITY-ST-ZIP **JACKSONVILLE FL 32238**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

431853  
~~Attachment~~**Division of Corporations****Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **N00000005297**Tracking Number: **600005363826**

The charge for your UBR is  
**\$70.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

**Continue****Sunbiz Home Page****Public Access Help**

Attempted to use Credit Card  
& System Failed. Per TC  
to help desk, Monday - advised  
to Mail OK.

431853  
Attachment

## Division of Corporations

## Uniform Business Report

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Business Entity Name

**THE INTERNATIONAL ACADEMY OF CULTURAL-FREE COUNSELING AND  
PSYCHOTHERAPY, INC.**Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title

D

Name (Last, First, Middle, Title)

REGINAL

GAFFNEY

CEO

-or- Entity Name

Street Address

623 BEECHWOOD STREET

City, State

JACKSONVILLE

FL

Zip Code &amp; Country

32208

Title

D

Name (Last, First, Middle, Title)

COUCH

JOYCE

-or- Entity Name

Street Address

10385 WALDEN GLEN COURT

City, State

JACKSONVILLE

FL

Zip Code &amp; Country

32256

Title

D

Name (Last, First, Middle, Title)

HOLLAND

KEVIN

-or- Entity Name

Street Address

P.O. BOX 382016

1880

W. 5th

City, State

JACKSONVILLE

FL

Zip Code &amp; Country

32238

431853  
HIGUCHI  
Doc# NO000005297

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

☐ Add additional Officers/Directors ☒ No additional Officers/Directors

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title   
Officer/Director Signature